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MARTIN & FERRARO, LLP 1557 Lake O'Pines Street, NE Hartville, Ohio 44632

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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AMENDMENT

Name:

Thomas H. Martin, Esq.

Group Art Unit 3728/Examiner Ted Kavanaugh

Firm: U.S. Patent & Trademark Office

Phone No.: 330-877-2277

Fax No.: 703-872-9306

No. of Pages (including this): 17

Subject: U.S. Patent Application No. 10/735,343

David F. Meschan

Date:

January 31, 2005

Filed: December 11, 2003

ATHLETIC SHOE WITH IMPROVED HEEL

STRUCTURE

Attorney Docket No. 104.0004-03000

Customer No. 22882 Confirmation No.: 3765 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,1:50 total amount to cover the \$1,020 three-month extension fee and \$130 Terminal Disclaimer fee). Amendment, and Terminal Disclaimer are being facsimile transmitted to the U.S. Patent and Trademark Office on January 31, 2005.

Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 104.0004-03000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David F. Meschan Serial No: 10/735.343

Filed: December 11, 2003

ATHLETIC SHOE WITH IMPROVED HEEL

STRUCTURE

Confirmation No.: 3765

Art Unit:

3728

Examiner:

Ted Kavanaugh

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated October 13, 2004 in the above-identified application.

- No additional fee is required.
- \boxtimes Applicant hereby requests a three-month extension of time to respond to the above Office Action.
- \boxtimes A Terminal Disclaimer is enclosed.

The fee has been calculated as shown below:

	(Coi. 1) Claims remaining After amendment		(Cal. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESEN'' EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	65	-	124	••	0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	2]-	3	***	0	LG≖\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS: ARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180							\$	0	
							TOTAL	\$	0

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

 If the "Highest Number Previously Paid For" in This SPACE is less than 20, write "20" in this space.

 If the "Highest Number Previously Paid For" IN This SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- 図 The total amount of \$1,150.00 to cover the \$1,020 three-month extension of time fee and \$130 Terminal Disclaimer fee is to be charged to Deposit Account No. 50-1068.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enciosed.
 - 図 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: January 31, 2005

Thomas H. Marin Registration No. 34,383

1557 Lake O'Pines Street, NE Hartville, Ohio 44632

Telephone: (330) 877-0700 Facsimile: (330) 877-2030

FORM PTO-1083

01-31-2005 21:27

Attorney Docket No.: 104.0004-03000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

David F. Meschan

Serial No: 10/735,343

Filed: December 11, 2003

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FO		(CoL 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	65	-	124	1*	0	LG=\$50 SM=\$25	50	\$	٥
INDEPENDENT CLAIMS FEE	2	-	3	141	0	LG=\$200 \$M=\$100	200	\$	٥
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS I ARGE ENTITY FEE = \$360 GMALL ENTITY FEE = \$180							\$	0	
						TO	TAL	\$	0

" If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "High est Number Previously Paid For" (Total or Independent) is the Nighest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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